

UNITED STATES BANKRUPTCY COURT
Northern DISTRICT OF Georgia
Atlanta DIVISION

IN RE: _____ }
American Underwriting Services, LLC } CASE NUMBER 18-58406-SMS
} JUDGE Sage M Sigler
DEBTOR. } CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD
FROM 7/1/18 TO 7/26/18

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.


F. Sewell

Attorney for Trustee's Signature

Debtor's Address
and Phone Number:

American Underwriting Services, LLC
c/o S. Gregory Hays, Trustee
2964 Peachtree Rd, NW
Suite 555
Atlanta, GA 30305
(404) 926-0060

Attorney's Address
and Phone Number:

Henry F. Sewell
Law offices of Henry F. Sewell, Jr., LLC
Suite 555
2964 Peachtree Road NW
Atlanta, GA 30305
(404) 926-0053

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, http://www.usdoj.gov/ust/r21/reg_info.htm

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)<http://www.usdoj.gov/ust/>

**SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING July 1, 2018 AND ENDING July 26, 2018**

Name of Debtor: <u>American Underwriting Services, LLC</u>	Case Number <u>18-58406</u>	
Date of Petition: <u>05/18/2015</u>		
	CURRENT MONTH	CUMULATIVE PETITION TO DATE
1. FUNDS AT BEGINNING OF PERIOD	\$ _____ (a)	\$ _____ (b)
2. RECEIPTS:		
A. Cash Sales		
Minus: Cash Refunds	(-)	
Net Cash Sales		
B. Accounts Receivable		
C. Other Receipts (<i>See MOR-3</i>) (If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)		
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)		
5. DISBURSEMENTS		
A. Advertising	<u>SEE ATTACHED</u>	
B. Bank Charges		
C. Contract Labor		
D. Fixed Asset Payments (not incl. in "N")		
E. Insurance		
F. Inventory Payments (<i>See Attach. 2</i>)		
G. Leases		
H. Manufacturing Supplies		
I. Office Supplies		
J. Payroll - Net (<i>See Attachment 4B</i>)		
K. Professional Fees (Accounting & Legal)		
L. Rent		
M. Repairs & Maintenance		
N. Secured Creditor Payments (<i>See Attach. 2</i>)		
O. Taxes Paid - Payroll (<i>See Attachment 4C</i>)		
P. Taxes Paid - Sales & Use (<i>See Attachment 4C</i>)		
Q. Taxes Paid - Other (<i>See Attachment 4C</i>)		
R. Telephone		
S. Travel & Entertainment		
Y. U.S. Trustee Quarterly Fees		
U. Utilities		
V. Vehicle Expenses		
W. Other Operating Expenses (<i>See MOR-3</i>)		
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	<u>17,657.25</u>	<u>892,702.91</u>
7. ENDING BALANCE (Line 4 Minus Line 6)	\$ _____ (c)	\$ _____ (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 5 day of September, 2018.

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date. (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition. (c) These two amounts will always be the same if form is completed correctly.

Chap 7 trustee (signature)

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
SEE ATTACHED	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER RECEIPTS	\$ _____	\$ _____

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
SEE ATTACHED	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL OTHER DISBURSEMENTS	\$ _____	\$ _____

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

MOR-2 DETAIL

	Current Month	Cumulative Petition to Date
1 Funds Beginning	\$ 224,306.87	\$ 237,883.92
2a cash sales	-	-
2b a/r	398,863.55	1,260,332.16
2c other receipts	-	-
3 total receipts	398,863.55	1,260,332.16
4 total funds avail	623,170.42	1,498,216.08
a advertising	-	-
b bank charges	263.43	368.61
c contract labor	-	-
d fixed asset payments	-	-
e insurance	1,750.00	19,727.57
f inventory payments	-	-
g leases	-	3,319.69
h manufacturing supplies	-	-
i office supplies	-	32.99
j payroll - net	11,157.86	60,908.76
k professional fees	-	-
l rent	-	14,834.10
m repairs & maintenance	-	-
n secured creditor	-	-
o taxes - payroll	4,425.76	22,650.04
p taxes - sales & use	-	-
q taxes - other	-	20,367.44
r telephone	-	990.08
s travel & entertainment	-	-
y us trustee quarterly fee	-	-
u utilities	-	446.28
v vehicle exp	-	-
w other operating exp	60.20	749,057.35
6 total disbursements	17,657.25	892,702.91
7 ending balance	\$ 605,513.17	\$ 605,513.17

MOR-3 DETAIL

	Current Month	Cumulative Petition to Date	
OTHER RECEIPTS	\$ -	\$ -	-
	- -	- -	-
TOTAL OTHER RECEIPTS	\$ -	\$ -	-
OTHER DISBURSEMENTS			
Payroll processing fees	\$ 60.20	\$ 258.10	
Dues and Subscriptions	- -	2,400.00	
Postage and Delivery	- -	258.28	
Premiums Paid	- -	746,140.97	
	- -	- -	
TOTAL OTHER DISBURSEMENTS	\$ 60.20	\$ 749,057.35	

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

ACCOUNTS RECEIVABLE AT PETITION DATE: \$1,218,608.33

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	<u>\$ 760,122.72</u>	(a)
PLUS: Current Month New Billings	<u>0.00</u>	
MINUS: Collection During the Month	<u>\$ 398,863.55</u>	(b)
PLUS/MINUS: Adjustments or Writeoffs	<u>\$ 327,206.15</u>	*
End of Month Balance	<u>\$ 34,053.02</u>	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

The case was converted to one under Chapter 7 per order entered on August 1, with an effective conversion date of July 27. The ending balance represents total collections received on or after July 27. With the conversion, premiums payments are being made to the insurance companies directly or their designated representative and not the Debtor.

POST PETITION ACCOUNTS RECEIVABLE AGING
(Show the total for each aging category for all accounts receivable)

0-60 Days	61-90 Days	91-120 Days	Over 120Days	Total
<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ 34,053.02 (c)</u>

For any receivables in the “Over 90 Days” category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectability, write-off, disputed account, etc.)
<u>Various</u>	<u>Various</u>	<u>Old account balances that need to be audited and reconciled for invoices that were probably netted against other receipts but not recorded against oldest invoice.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)This must equal the number reported in the “Current Month” column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c)These two amounts must equal.

ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

TOTAL AMOUNT _____ (b) _____

Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

Opening Balance	\$ 45,856.50	(a)
PLUS: New Indebtedness Incurred This Month	\$ 395,502.28	
MINUS: Amount Paid on Post Petition, Accounts Payable This Month	\$	
PLUS/MINUS: Adjustments	\$	*
Ending Month Balance	\$ 441,358.78	(c)

*For any adjustments provide explanation and supporting documentation, if applicable.

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

<u>Secured Creditor/ Lessor</u>	<u>Date Payment Due This Month</u>	<u>Amount Paid This Month</u>	<u>Number of Post Petition Payments Delinquent</u>	<u>Total Amount of Post Petition Payments Delinquent</u>
<u>NONE</u>				

TOTAL _____(d)

(a) This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c) The total of line (b) must equal line (c).

(d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

Accounts Payable 7/26/18

Company	Net Due
Tyser & Co.	\$111,196.01
American Inter-Fidelity Exchange	\$75,178.37
AIG	\$55,000.08
American Millennium Insurance Company	\$58,091.52
American Southern Insurance Companies	\$44,103.96
US Premium Finance	\$46,369.90
Britt-Tyser	\$24,395.97
Texas Surplus Lines Stamping Office	\$4,300.49
WillComply LLC	\$5,543.92
ACE Westchester Specialty Grp	\$1,203.62
Texas State Comptroller	\$133.05
Capital Insurance Brokers	\$150.00
Professional Safety Consultants	\$25.86
Payroll (6 Employees)	\$11,157.88 (1)
Payroll Taxes (6 Employees)	\$4,351.92 (1)
Payroll Fees (Corp Payroll Svc)	\$60.20 (1)
Stephen Uhler (Expense Report)	\$67.23 (1)
Taylor Cline (Expense Report)	\$28.80 (1)
Total A/P	\$441,358.78 (2)

(1) Payments cleared on July 30 which was prior to the entry of the Order on August 1 converting the case effective as of July 27.

(2) Subject to final review and confirmation.

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ 0

INVENTORY RECONCILIATION:

Inventory Balance at Beginning of Month	<u>\$ 0</u>	(a)
PLUS: Inventory Purchased During Month	<u>\$ _____</u>	
MINUS: Inventory Used or Sold	<u>\$ _____</u>	
PLUS/MINUS: Adjustments or Write-downs	<u>\$ _____</u>	*
Inventory on Hand at End of Month	<u>\$ 0</u>	

METHOD OF COSTING INVENTORY: N/A

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
<u> </u> %	<u> </u> %	<u> </u> %	<u> </u> %	= <u> </u> *

* Aging Percentages must equal 100%.

Check here if inventory contains perishable items.

Description of Obsolete Inventory: _____

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: \$10,000.00 (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): Office equipment & furniture

FIXED ASSETS RECONCILIATION:

Fixed Asset Book Value at Beginning of Month	<u>\$ 10,000.00</u>	(a)(b)
MINUS: Depreciation Expense	<u>\$ _____</u>	
PLUS: New Purchases	<u>\$ _____</u>	
PLUS/MINUS: Adjustments or Write-downs	<u>\$ _____</u>	*
Ending Monthly Balance	<u>\$ 10,000.00</u>	

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)Fair Market Value is the amount at which fixed assets could be sold under current economic conditions.
Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: El Monte, CA

ACCOUNT NAME: Operating ACCOUNT NUMBER: -0724

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ <u>92,655.50</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ <u>1,750.00</u> *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>90,905.50</u> **(a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (Check here if cash disbursements were authorized by United States Trustee))

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ 0 Transferred to Payroll Account
\$ 0 Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

Account Activity

Print Date 09/05/2018

[Print](#)[Close](#)**Account**

0724 - American Underwriting Svc DIP-0724 ▾

Ledger Balance	\$500.00 as of 09/05/2018 10:51	Current Balance	\$500.00 as of 09/05/2018 10:51	Accessible Balance*	\$500.00 as of 09/05/2018 10:51
Related Available Balance	\$0.00 as of 09/05/2018 10:51	Net Activity Today	\$0.00 as of 09/05/2018 10:51		

Search on	From 07/01/2018	To 07/26/2018
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5500010724 - American Underwriting Svc DIP-0724 as of 09/05/2018

View Last 30 Days Last 60 Days Last 90 Days Since Last Login

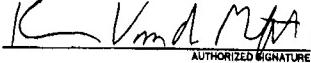
[+] In Process and Cleared Transactions

Date	Transaction	Description	Status	Images	Debit	Credit	Balance
07/20/2018	Misc. Fees	ANALYSIS ACTIVITY FOR 06/18	Cleared		\$263.43		\$92,655.50
07/13/2018	Pre-authorized ACH Debit	CORP PAYROLL SVC PAYRLL TAX 180713 AMUNDE	Cleared		\$4,425.76		\$92,918.93
07/13/2018	Pre-authorized ACH Debit	CORP PAYROLL SVC PAYRLL FEE 180713 AMUNDE	Cleared		\$60.20		\$97,344.69
07/12/2018	Pre-authorized ACH Debit	CORP PAYROLL SVC ER DIR DEP 180712 AMUNDE	Cleared		\$11,157.86		\$97,404.89
07/05/2018	Check Paid 00000001015		Cleared		\$711.98		\$108,562.75
07/05/2018	Check Paid 00000001014		Cleared		\$7,417.05		\$109,274.73
07/03/2018	Check Paid 00000001013		Cleared		\$691.20		\$116,691.78
07/02/2018	Pre-authorized ACH Debit	HUMANA, INC. INS PYMT 180702 @@666484554001666	Cleared		\$3,822.00		\$117,382.98
07/02/2018	Pre-authorized ACH Debit	THE GUARDIAN JUN GP INS 180702 52117200CC20000	Cleared		\$596.84		\$121,204.98

[+] Scheduled Transactions

Date	Transaction	Description	Status	Debit	Credit
No Information to Display					

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH INK-PRINTED BORDER

AMERICAN UNDERWRITING SERVICES LLC CHAPTER 11 CASE NO. 18-158406 OPERATING ACCOUNT 1255 ROBETS BLVD SUITE 102 KENNESAW, GA 30144	EAST WEST BANK 9378 WILSHIRE BLVD SUITE 100 BEVERLY HILLS, CA 90212	1013
16-70383220		6.26.18
PAY TO THE ORDER OF <u>WNC LLC</u>		\$ 691.20
<u>Six Hundred Ninety One > 20/100</u>		DOLLARS
MEMO	 AUTHORIZED SIGNATURE	

THIS DOCUMENT CONTAINS HEAT-SENSITIVE INK. TOUCH OR PRESS HERE AND IMAGE DISAPPEARS WITH HEAT.

#001013# 0322070381# 5500010724#

ENDORSE HERE

FOR DEPOSIT ONLY
Warrington Network Consultants, LLC
2800 Dekk Rd., Ste. 700 PMB 252
Marietta, GA 30067

CHECK HERE AFTER

RECEIPT OR REMOTE DEPOSIT DATE

DO IT YOURSELF

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-15840S
OPERATING ACCOUNT
1255 ROBETS BLVD SUITE 102
KENNESAW, GA 30144

EAST WEST BANK
8378 WILSHIRE BLVD SUITE 100
BEVERLY HILLS, CA 90212

1014
16-70383220
June 26, 2018

PAY TO THE ORDER OF Roberts Blvd LLC \$ 7417.05
Seven Thousand Four Hundred Seventeen 05/100- DOLLARS

MEMO July Rent

THIS DOCUMENT CONTAINS HEAT-SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.

FO01014# 1322070381# 5500010724#

ENCLOSURE HERE

FOR DEPOSIT ONLY

		<input type="checkbox"/> CREDIT CARD	DEBIT CARD
		<input type="checkbox"/> CHECK	DIRECT DEBIT
		<input type="checkbox"/> ATM	MAIL-IN PAYMENT
		<input type="checkbox"/> OTHER	
00000 0893759 00004 0025 07-05-2018		BNYMELLON	
		CRED TO PAYEE	
		ABS END QUAR	

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

Period ending 7/26/18

NAME OF BANK: East West Bank BRANCH: El Monte, CA

BRANCH: El Monte, CA

ACCOUNT NAME: Operating

ACCOUNT NUMBER: -0724

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

**American Underwriting Services, LLC
Reconciliation Detail**
East West DIP Operating #0724, Period Ending 07/26/2018

Type	Date	Num	Name	Cir	Amount	Balance
Beginning Balance						121,801.82
Cleared Transactions						
Checks and Payments - 12 items						
Check	06/26/2018	1014	Roberts Blvd	X	-7,417.05	-7,417.05
Check	06/26/2018	1015	Vertafore	X	-711.98	-8,129.03
Check	06/26/2018	1013	WNC, LLC	X	-691.20	-8,820.23
Check	06/27/2018		Humana Emp Hlth Pln GA	X	-3,822.00	-12,642.23
Check	06/27/2018		Guardian	X	-596.84	-13,239.07
Check	07/12/2018		Corporate Payroll Services	X	-11,157.86	-24,396.93
Check	07/12/2018		Corporate Payroll Services	X	-4,425.76	-28,822.69
Check	07/12/2018		Corporate Payroll Services	X	-60.20	-28,882.89
Check	07/20/2018		East West Bank	X	-263.43	-29,146.32
Total Checks and Payments						-29,146.32
Total Cleared Transactions						-29,146.32
Cleared Balance						92,655.50
Uncleared Transactions						
Checks and Payments - 4 items						
Check	07/24/2018	1016	International Sureties, LTD		-1,750.00	-1,750.00
Total Checks and Payments						-1,750.00
Total Uncleared Transactions						-1,750.00
Register Balance as of 07/26/2018						90,905.50

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: El Monte, CA

ACCOUNT NAME: Operating Commissions ACCOUNT NUMBER: -0864

PURPOSE OF ACCOUNT: OPERATING COMMISSIONS – ACCOUNT OPENED 6/8/18

Ending Balance per Bank Statement	\$ <u>65,922.00</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>65,922.00</u> **(a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

“Total Amount of Outstanding Checks and other debits”, listed above, includes:

\$ <u>0</u>	Transferred to Payroll Account
\$ <u>0</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as “Ending Balance” on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

Account Activity

Print Date 09/05/2018

[Print](#)[Close](#)**Account**

0864 - American Underwriting Opr - Comm ▾

Ledger Balance	\$500.00 as of 09/05/2018 10:51	Current Balance	\$500.00 as of 09/05/2018 10:51	Accessible Balance*	\$500.00 as of 09/05/2018 10:51
Related Available Balance	\$0.00 as of 09/05/2018 10:51	Net Activity Today	\$0.00 as of 09/05/2018 10:51		

Search on	From	To
Date	07/01/2018	07/26/2018

5500010864 - American Underwriting Opr - Comm as of 09/05/2018[View](#) [Last 30 Days](#) [Last 60 Days](#) [Last 90 Days](#) [Since Last Login](#) **In Process and Cleared Transactions**

Date	Transaction	Description	Status	Images	Debit	Credit
No Information to Display						

NO ACTIVITY **Scheduled Transactions**

Date	Transaction	Description	Status	Debit	Credit
No Information to Display					

NO ACTIVITY

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

Period ending 7/26/18

NAME OF BANK: East West Bank BRANCH: Atlanta

ACCOUNT NAME: Operating Commissions

ACCOUNT NUMBER: -0864

PURPOSE OF ACCOUNT: OPERATING COMMISSIONS – ACCOUNT OPENED 6/8/18

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

American Underwriting Services, LLC
Reconciliation Detail 0864
East West DIP Oper Comm #0864, Period Ending 07/26/2018

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						65,922.00
Cleared Balance						65,922.00
Register Balance as of 07/26/2018						65,922.00
Ending Balance						65,922.00

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: Atlanta

ACCOUNT NAME: Premium ACCOUNT NUMBER: -0738

PURPOSE OF ACCOUNT: PREMIUM

Ending Balance per Bank Statement	\$ <u>449,180.86</u>
Plus Total Amount of Outstanding Deposits	\$ _____
Minus Total Amount of Outstanding Checks and other debits	\$ <u>495.19</u> *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ <u>448,685.67</u> **(a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ 0 Transferred to Payroll Account
\$ 0 Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

Account Activity

Print Date 09/05/2018

[Print](#)

Account

5500010738 - American Underwriting Svc DIP-0738 ▾

Ledger Balance	\$500.00 as of 09/05/2018 10:51	Current Balance	\$500.00 as of 09/05/2018 10:51	Accessible Balance*	\$500.00 as of 09/05/2018 10:51
Related Available Balance	\$0.00 as of 09/05/2018 10:51	Net Activity Today	\$0.00 as of 09/05/2018 10:51		

Search on	From 07/01/2018	To 07/26/2018
-----------	--------------------	------------------

5500010738 - American Underwriting Svc DIP-0738 as of 09/05/2018

View Last 30 Days Last 60 Days Last 90 Days Since Last Login

 In Process and Cleared Transactions

Date	Transaction	Description	Status	Images	Debit	Credit	Balance
07/24/2018	Commercial Deposit 0000000001			 		\$104,346.63	\$449,180.86
07/24/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy AUS4000271-0				\$1,169.54	\$344,834.23
07/24/2018	ACH Credit Received	US Premium Finan CCD 180724 JBBS Transport				\$894.65	\$343,664.69
07/24/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy NA17AU06-539				\$260.26	\$342,770.04
07/24/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy NA17AU06-540				\$224.93	\$342,509.78
07/20/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy NA17AU08-167				\$370.51	\$342,284.85
07/20/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy AUS4000243-0				\$2,559.40	\$341,914.34
07/20/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy AUS4000243-0				\$2,331.00	\$339,354.94
07/20/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy AUS4000243-0				\$2,116.30	\$337,023.94
07/20/2018	ACH Credit Received	US Premium Finan CCD 180720 J&I Transport L				\$2,104.39	\$334,907.64
07/20/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy NA17AU08-166				\$438.90	\$332,803.25
07/20/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy NA17AU08-167				\$407.55	\$332,364.35
07/20/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Endorsement Payment Policy NA17AU08-167				\$405.65	\$331,956.80
07/19/2018	ACH Credit Received	FINO SERVICES LL ACH Pmt Down Payment Policy SFT9486360 01 Gonza				\$4,964.60	\$331,551.15
07/17/2018	Check Paid 00000001008				\$627.75		\$326,586.55
07/17/2018	Commercial Deposit			 		\$10,458.49	\$327,214.30
07/12/2018	ACH Credit Received	US Premium Finan CCD 180712 J&I Transport L				\$75,876.93	\$316,755.81
07/11/2018	Commercial Deposit			 		\$57,382.47	\$240,878.88
07/10/2018	ACH Credit Received Transaction	ASSURED TRUCKING ACH Pmt Dena Bros Trucking LLC, CAL			\$907.46	\$183,496.41	
Date	Transaction	Description	Status	Images	Debit	Credit	Balance

07/09/2018	Incoming Money Transfer	COLONIAL INSURANCE SERVICES LLC	 Cleared	\$74,383.49	\$182,588.95
07/06/2018	Incoming Money Transfer	SEBRITE AGENCY INC	 Cleared	\$399.25	\$108,205.46
07/05/2018	Incoming Money Transfer	HUB INTERNATIONAL LIMITED	 Cleared	\$23,915.60	\$107,806.21
07/03/2018	Check Paid 00000001007		 Cleared	\$846.90	\$83,890.61
07/03/2018	Check Paid 00000001004		 Cleared	\$406.00	\$84,737.51
07/03/2018	Incoming Money Transfer	PREMIUM FINANCING SPECIALISTS..	 Cleared	\$28,984.98	\$85,143.51
07/02/2018	Check Paid 00000001002		 Cleared	\$15,031.53	\$56,158.53
07/02/2018	Commercial Deposit		 Cleared	\$3,960.40	\$71,190.06
07/02/2018	Posting Error Correction Credit		 Cleared	\$0.17	\$67,229.66

Scheduled Transactions

Date	Transaction	Description	Status	Debit	Credit
No Information to Display					

0475-056

AMERICAN UNDERWRITING SERVICES LLC CHAPTER 11 CASE NO. 18-158406 PREMIUM ACCOUNT 1265 ROBERTS BLVD SUITE 102 KENNESAW, GA 30144	 (30)	EAST WEST BANK 9375 WILSHIRE BLVD SUITE 100 BEVERLY HILLS, CA 90212 16-70383220 6-20-18
		PAY TO THE ORDER OF <u>Texas State Comptroller</u> \$ <u>15,031.53</u> <u>Fifteen Thousand Thirty One</u> <u>53/100</u> ————— DOLLARS
THIS DOCUMENT CONTAINS INFORMATION WHICH IS THE PROPERTY OF THE STATE OF TEXAS. IT IS FOR OFFICIAL USE ONLY AND MAY NOT BE COPIED OR DISSEMINATED EXCEPT AS AUTHORIZED BY LAW OR BY AN OFFICIAL OF THE STATE OF TEXAS.		

MEMO

*OT 1425
9/20/08*

IC Vm-1 MTH
AUTHORIZED SIGNATURE
2018176-082

#001002# 1032070381# 55000107381#

THIS DOCUMENT IS PRINTED ON CHEMICAL-REACTIVE PAPER WITH MICROPRINTED BORDER

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO: 18-15940S
PREMIUM ACCOUNT
1255 ROBERTS BLVD SUITE 102
KENNESAW, GA 30144

EAST WEST BANK
9378 WILSHIRE BLVD SUITE 100
BEVERLY HILLS, CA 90212
16-7038/3220

1004
6-21-18

PAY TO THE ORDER OF Georgia Department of Insurance \$ 406.00
Four Hundred Sixty Six & 00/100 DOLLARS:

MEMO Premium Tax

K. V. M. M. T.
AUTHORIZED SIGNATURE

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10040014110073818 10073818 55000 10073818

ENDORSEMENT TO THE ACCOUNT OF THE
NAMED PAYEE W/O PREJUDICE

WELLS FARGO BANK N.A.

REG'D. NO. 3111111111111111
ELECTRONICALLY DEPOSITED 20180709
DATE 20180709

CHECK HERE AFTER
 MOBILE OR REMOTE DEPOSIT DATE
 DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

20180709 10073818 55000 10073818
006.00 6-21-18 606.20
KVM

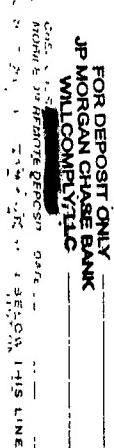
ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

AMERICAN UNDERWRITING SERVICES LLC CHAPTER 11 CASE NO. 18-158406 PREMIUM ACCOUNT 1255 ROBERTS BLVD SUITE 102 KENNESAW, GA 30144	EAST WEST BANK 9370 WILSHIRE BLVD SUITE 100 BEVERLY HILLS, CA 90212	1007
16-7038/3220		6-26-18
PAY TO THE ORDER OF <u>Will Comply</u>		\$ 846.90
Eight Hundred Forty Six > 90/100		DOLLARS
K Kim A. Mait		
MEMO	AUTHORIZED SIGNATURE	

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For Deposit Only - JPMC



ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

AMERICAN UNDERWRITING SERVICES LLC CHAPTER 11 CASE NO. 1B-158406 PREMIUM ACCOUNT 1255 ROBERTS BLVD SUITE 102 KENNESAW, GA 30144	 EAST WEST BANK 9370 WILSHIRE BLVD SUITE 100 BEVERLY HILLS, CA 90212
16-7038/3220 <i>2F FLOW 389</i> <u>6-26-18</u>	
<i>M</i> PAY TO THE ORDER OF <u>Texas State Comptroller</u> CT \$ <u>627.75</u> ✓ <i>J</i> <u>Six Hundred Twenty Seven + 75/100</u> DOLLARS <i>S</i> <i>H</i>	
<i>KVMA Mitt</i> <small>AUTHORIZED SIGNATURE</small>	
<i>This document contains neither sensitive, non-public personal information nor material subject to disclosure under California's Public Records Act.</i>	

FONDBEPOSITORY ONLY	
STATE COINCONTROLLER	
<input type="checkbox"/> CHECK HERE AFTER SOURCE OF REASON DEPOSIT DATE: _____ ON DEPOSIT RECEIVED FROM: _____	
7910994600 671372618	
18187171413	

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 15-64266

Case Number: 15-64266

Reporting Period beginning 7/1/18 Period ending 7/26/18

Period ending 7/26/18

NAME OF BANK: East West Bank BRANCH: Atlanta

ACCOUNT NAME: Premium

ACCOUNT NUMBER: -0738

PURPOSE OF ACCOUNT: PREMIUM

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

American Underwriting Services, LLC
Reconciliation Detail
 East West DIP Premium #0738, Period Ending 07/26/2018

Type	Date	Num	Name	Cir	Amount	Balance
Beginning Balance						67,229.49
Cleared Transactions						
Checks and Payments - 4 items						
Check	06/21/2018	1002	Texas Comptroller	X	-15,031.53	-15,031.53
Check	06/21/2018	1004	Georgia Insurance Departm...	X	-406.00	-15,437.53
Check	06/26/2018	1007	Will Comply	X	-846.90	-16,284.43
Check	06/26/2018	1008	Texas Comptroller	X	-627.75	-16,912.18
Total Checks and Payments					-16,912.18	-16,912.18
Deposits and Credits - 25 items						
Deposit	07/02/2018			X	0.17	0.17
Deposit	07/02/2018			X	3,960.40	3,960.57
Deposit	07/03/2018			X	28,984.98	32,945.55
Deposit	07/05/2018			X	23,915.60	56,861.15
Deposit	07/06/2018			X	399.25	57,260.40
Deposit	07/09/2018			X	74,383.49	131,643.89
Deposit	07/10/2018			X	907.46	132,551.35
Deposit	07/11/2018			X	57,382.47	189,933.82
Deposit	07/12/2018			X	75,876.93	265,810.75
Deposit	07/17/2018			X	10,458.49	276,269.24
Deposit	07/19/2018			X	4,964.60	281,233.84
Deposit	07/20/2018			X	370.51	281,604.35
Deposit	07/20/2018			X	405.65	282,010.00
Deposit	07/20/2018			X	407.55	282,417.55
Deposit	07/20/2018			X	438.90	282,856.45
Deposit	07/20/2018			X	2,104.39	284,960.84
Deposit	07/20/2018			X	2,116.30	287,077.14
Deposit	07/20/2018			X	2,331.00	289,408.14
Deposit	07/20/2018			X	2,559.40	291,967.54
Deposit	07/24/2018			X	224.93	292,192.47
Deposit	07/24/2018			X	260.26	292,452.73
Deposit	07/24/2018			X	894.65	293,347.38
Deposit	07/24/2018			X	1,169.54	294,516.92
Deposit	07/24/2018			X	104,346.63	398,863.55
Total Deposits and Credits					398,863.55	398,863.55
Total Cleared Transactions					381,951.37	381,951.37
Cleared Balance					381,951.37	449,180.86
Uncleared Transactions						
Checks and Payments - 3 items						
Check	06/21/2018	1001	Texas Surplus Lines		-464.99	-464.99
Check	06/21/2018		NJ Surplus Lines		-10.75	-475.74
Check	06/26/2018	1006	Texas Surplus Lines		-19.45	-495.19
Total Checks and Payments					-495.19	-495.19
Total Uncleared Transactions					-495.19	-495.19
Register Balance as of 07/31/2018					381,456.18	448,685.67

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
<u>NONE</u>				

NOTE:

TOTAL \$ _____ (a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
<u>NONE</u>			

TOTAL \$ _____ (b)

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation _____

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ 0 (c)

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 7/1/18 Period ending 7/26/18

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
TOTAL			\$ <u>0</u>		

Note:

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor American Underwriting Services, LLC

Case Number: 18-58406

Reporting Period beginning 7/1/18

Period ending 7/26/18

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

PERSONNEL REPORT

	Full Time	Part Time
Number of employees at beginning of period	6	0
Number hired during the period	0	0
Number terminated or resigned during period	0	0
Number of employees on payroll at end of period	0	0

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

Agent and/or Carrier	Phone Number	Policy Number	Coverage Type	Expiration Date	Date Premium Due
<u>SEE ATTACHED</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The following lapse in insurance coverage occurred this month:

Policy Type	Date Lapsed	Date Reinstated	Reason for Lapse
<u>NONE</u>	_____	_____	_____

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

AGENT OR CARRIER	PHONE NUMBER	POLICY NUMBER	COVERAGE TYPE	EXPIRATION DATE	DATE PREMIUM DUE
Admiral Insurance Company	713-984-1370	E0000035148-02	E&O	10/1/2018	PAID
Guardian	800-627-4200	00 521172	Dental	12/31/2018	1st on Month
The Hartford	860-547-5000	20 SBA TQ5967	Liability	2/12/2019	PAID
Humana	800-448-6262	599727	Medical & Vision	12/31/2018	1st on Month
American Builders	678-309-4000	WCV 0027812 15	Workers Comp	12/5/2018	PAID



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/04/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Amanda Fenn Diaz PHONE (A/C No. Ext): 713-984-1370 E-MAIL ADDRESS: amanda@useo.com INSURER(S) AFFORDING COVERAGE INSURER A: Admiral Insurance Compnay NAIC # 24856
INSURED		American Underwriting Services, LLC 1255 Roberts Blvd, Suite 102 Kennesaw, GA 30144
COVERAGES		CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
		REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ S
	COMMERCIAL GENERAL LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY					EACH OCCURRENCE \$ AGGREGATE \$ S
	ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ S
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ S
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / <input type="checkbox"/> N				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ S
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A				
A	Insurance Agents and / or Broker Errors and Omissions Retroactive Date: 10/01/1993	<input type="checkbox"/>	EO000035148-02	10/01/2017	10/01/2018	\$2,000,000.00 Each Claim \$2,000,000.00 Annual Aggregate \$25,000 Ded Per Claim / \$75,000 Aggregate
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
Insurance Agent and / or Broker Professional Liability Claims Made and Reported Policy				Named Insured(s) with Retroactive Date(s): American Underwriting Services, LLC - Retroactive Date: 10/1/1993 WBW Management, Inc - Retroactive Date: 10/1/1993 TNT Risk Management, LLC - Retroactive Date: 5/17/2012		

CERTIFICATE HOLDER		CANCELLATION	
FOR EVIDENCE OF INSURANCE ONLY		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Amanda Fenn Diaz	

SUMMARY OF INSURANCE



FOR:

AMERICAN UNDERWRITING SV'S LLC
1255 ROBERTS BLVD NW STE 102
KENNESAW GA 30144

Prepared: 6/8/2018

Phone:

FAX:

BY:

HOME OFFICE
CAPSTONE INSURANCE SERVICES/PHS
PO BOX 29611
CHARLOTTE NC 28229

266841

Phone:

FAX:

ACCOUNT POLICY RECAP	Policy Number	Eff Date	Exp Date	Premium
. Spectrum Hartford Accident & Indemnity Co	20 SBA TQ5967	02012018	02012019	\$1,009.00

POLICY DETAIL	Policy	. Spectrum
---------------	--------	------------

Property Coverages - Special Form

Location 001 Building 001
1255 ROBERTS BLVD STE 102
KENNESAW, GA 30144-7078

Limit

Deductible

BUSINESS PERSONAL PROPERTY \$213,800 \$1,000
 Replacement Cost
 STRETCH

Additional Interest: Loss Payee DE LAGE LANDEN
 1111 OLD EAGLE SCHOOL RD
 WAYNE, PA 19087

Property Add'l Policy Coverages - Applicable to all policy locations

EQUIPMENT BREAKDOWN COVERAGE
BUS INCOME W/ EXTRA EXPENSE
TERRORISM
IDENTITY RECOVERY COVERAGE

Comm'l Liability Coverages - Applicable to all policy locations

Each Occurrence	\$2,000,000
Damage to Premises Rented to You	\$300,000
Medical Expense (Any One Person)	\$10,000
Personal & Advertising Injury	\$2,000,000
General Aggregate	\$4,000,000
Product/Complet Operation Aggregate	\$4,000,000
Hired Non-Owned Auto Liability	\$2,000,000
TERRORISM	

Class Description Detail	Code	Premium Basis
LOCATION 001 INSURANCE AGENCY	65181	

This summary and its attachments provides high level overview of policy coverages and does not include all conditions, limitation or exclusion. Please refer to the actual policy forms for detailed coverages, limits and deductibles.

AMERICAN UNDERWRITING SV'S LLC
20 SBA TQ5967

Prepared: 6/8/2018

Stretch Endorsement - Including:

Accounts Receivable	\$25,000
Brands & Labels	Included
Bus Income - Off-Premises Services	\$25,000
Bus Income - Newly Acquired Premises	\$250,000
Claims Expense	\$5,000
Computer & Media	\$10,000
Consequential Loss to Stock	Included
Debris Removal	\$25,000
Employee Dishonesty /ERISA	\$10,000
Fine Arts	\$10,000
Forgery	\$10,000
Increased Cost of Construction-Building	\$10,000
Newly Constructed/Acquired Buildings	\$1,000,000
Newly Constructed/Acquired-BPP	\$500,000
Off-Premises Services Direct Damage	\$10,000
Outdoor Property	\$1,000/\$10,000
Outdoor Signs	All
Personal Effects	\$10,000
Personal Property of Others	\$10,000
Property at Other Premises	\$10,000
Property Off Premises	\$15,000
Salespersons' Samples	\$1,000
Sewer and Drain Back Up	Included
Sump Overflow or Sump Pump Failure	\$15,000
Temperature Change	\$10,000
Tenant Building and Personal Property Coverage - Req'd by Lease	\$20,000
Transit Coverage	\$10,000
Unauthorized Business Card Use	\$2,500
Valuable Papers & Records	\$25,000
Valuation Changes	Included
Commodity Stock	
Finished Stock	
Mercantile Stock-Sold	

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insurer: (NCCI Carrier Code 25496)
American Builders Insurance Company
A Stock Company
P.O. Box 723099
Atlanta, GA 31139-0099

Producer: 0000071
Toccoa Insurance Agency
P.O. Box 400
Toccoa, GA 305770400

1. The Insured and Mailing Address:
AMERICAN UNDERWRITING SERVICES LLC
1255 ROBERTS BOULEVARD
SUITE 102
KENNESAW, GA 30144

Carrier Policy #: WCV 0027812 15
Carrier Prior Policy #: WCV 0027812

Type of Business: LIMITED LIAB CO(LLC)
Fein: 581808554
Risk ID: 0000000000

Other workplaces not shown above: See the Schedule Of Workplaces for this policy.

2. The Policy Period is from 12:01 a.m. on 12/05/2017 to 12:01 a.m. on 12/05/2018 at the Insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here; Georgia

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 500,000	each accident
Bodily Injury by Disease	\$ 500,000	policy limit
Bodily Injury by Disease	\$ 500,000	each employee

C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:

Alabama, Florida, Indiana, Maryland, Mississippi, North Carolina, Oklahoma, Pennsylvania,
South Carolina, Tennessee, Virginia

D. This policy includes these endorsements and schedules: See endorsement schedule.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
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SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Premium \$3,809

Minimum Premium \$600 Expense Constant \$250

COUNTERSIGNED BY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/30/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	FAX (A/C. No.)
CAPSTONE INSURANCE SERVICES/PHS 266841 P: F: PO BOX 29611 CHARLOTTE NC 28229		INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Accident & Indemnity Co	NAIC# 22357
INSURED		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
AMERICAN UNDERWRITING SV'S LLC 1255 ROBERTS BLVD NW STE 102 KENNESAW GA 30144			

INSR LTP	TYPE OF INSURANCE	ADD'L ISSR	SUB'R HLD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
							POLY	PERIOD
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR General Liab			20 SBA TQ5967	02/01/2018	02/01/2019	EACH OCCURRENCE	\$2,000,000
	DAMAGE TO RENTED PREMISES (Ex occurrence)	\$300,000						
	MED EXP (Any one person)	\$10,000						
	PERSONAL & ADV INJURY	\$2,000,000						
	GENERAL AGGREGATE	\$4,000,000						
	PRODUCTS - COM/POP AGG	\$4,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:								
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			20 SBA TQ5967	02/01/2018	02/01/2019	COMBINED SINGLE LIMIT (Ex accident)	\$2,000,000
	BODILY INJURY (Per person)	\$						
	BODILY INJURY (Per accident)	\$						
	PROPERTY DAMAGE (Per accident)	\$						
		\$						
		\$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
	AGGREGATE	\$						
		\$						
		\$						
		\$						
		\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE	OTHR
	E.I. EACH ACCIDENT						\$	
	E.I. DISEASE - EA EMPLOYEE						\$	
	E.I. DISEASE - POLICY LIMIT						\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS 00 08 attached to this policy.

CERTIFICATE HOLDER	CANCELLATION
UNITED STATES TRUSTEE 362 RICHARD RUSSELL BUILDING 75 TED TURNER DR SW ATLANTA, GA 30303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Susan L. Castaneda</i>

Humana.

Administrative Office:
900 Ashwood Parkway, Suite 400
Atlanta, GA 30338

Administrative Office:
1100 Employers Boulevard
Green Bay, Wisconsin 54344

Certificate of Coverage
Humana Employers Health Plan of Georgia, Inc.
and Humana Insurance Company

Group Plan Sponsor: AMERICAN UNDERWRITING SER

Group Plan Number: 599727

Effective Date: 01/01/2018

Product Name: GABN0937 CPYH

Product Type: Health Maintenance Organization Point of Service (POS)

In accordance with the terms of the *master group contract* issued to the *group plan sponsor*, Humana Employers Health Plan of Georgia, Inc. and Humana Insurance Company certifies that a *covered person* has coverage for the benefits described in this *certificate*. This *certificate* becomes the Certificate of Coverage and replaces any and all certificates and certificate riders previously issued.



Bruce Broussard
President

Administrative Office:
1100 Employers Boulevard
Green Bay, Wisconsin 54344

Group Vision Certificate of Insurance Humana Insurance Company

Policyholder: AMERICAN UNDERWRITING SER

Policy Number: 599727

Effective Date: 01/01/2018

Product Name: GA HUMANA VSION EXAM PLUS

In accordance with the terms of the *policy* issued to the *policyholder*, Humana Insurance Company certifies that a *covered person* is insured for the benefits described in this *certificate*. This *certificate* becomes the Certificate of Insurance and replaces any and all certificates and certificate riders previously issued.



Bruce Broussard
President

The insurance *policy* under which this *certificate* is issued is not a policy of Workers' Compensation insurance. You should consult your *employer* to determine whether your *employer* is a subscriber to the Workers' Compensation system.

This is not a policy of Long Term Care insurance.

NOTICE

The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

BENEFITS UNDER THIS PPO PLAN ARE LIMITED WHEN YOU SEE A NON-PREFERRED PROVIDER

The benefits in this PPO plan are designed to allow *you* to realize a lower member cost when *you* receive *your services* from a *preferred provider*. When *your treatment* is provided by a *non-preferred provider*, *you* will have a higher member cost. Please review *your schedules of benefits* carefully to understand this difference in benefits.

6/8/2018

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[Group Information/Plan Changes](#)[Search](#)[Quick Help](#)[Get AHEAD™ Headline](#)[Search FAQs](#)[How can I view a member's claim status and payments?](#)[How do I terminate a member?](#)[How can I enroll a new member in Guardian Anytime?](#)[How can members enroll and change benefit elections in Guardian Anytime?](#)[How do I view my Benefit Reports?](#)[Show more FAQs](#)[Get AHEAD™ Headline](#)

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View Group Information

Group Information

[REQUEST PLAN CHANGES](#)Group ID: 00521172 Division ID: 0000 As of Date: [SEARCH](#)

Company Name: AMERICAN UNDERWRITING SERVICES

Legal Information

We will send any legal notifications to you at the following address:

Correspondent Name: MATT WILEY

Company Name: AMERICAN UNDERWRITING SERVICES

Legal Address : 1255 ROBERTS BLVD NW 102

City: KENNESAW

State/Province: Georgia

Zip Code: 30144

Country: USA

Contact Phone Number: 770-874-0486

Contact Fax Number:

Contact Email Address: MWILEY@INSGROUP.BIZ

Mailing/Billing Information

We have the following mailing address on file:

Correspondent Name: MATT WILEY

Company Name: AMERICAN UNDERWRITING SERVICES

Billing Address : 1255 ROBERTS BLVD NW 102

City: KENNESAW

State/Province: Georgia

Zip Code: 30144

Country: USA

Contact Phone Number: 770-874-0486

Contact Fax Number:

Contact Email Address: MWILEY@INSGROUP.BIZ

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ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (***attach closing statement***); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

Case converted to Chapter 7 effective on 7/27/18.

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before n/a